Company Tracking Number: AR_MED SUPP REF CAL_2009

TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other

Product Name: Medicare Supplement Refund Calculation - Year 2008

Project Name/Number: Medicare Supplement Refund Calculation - Year 2008 /

Filing at a Glance

Company: Central United Life Insurance Company

Product Name: Medicare Supplement Refund SERFF Tr Num: CEUL-126112508 State: ArkansasLH

Calculation - Year 2008

TOI: MS06 Medicare Supplement - Other SERFF Status: Closed State Tr Num: 42140 Sub-TOI: MS06.000 Medicare Supplement - Co Tr Num: AR_MED SUPP REF Status: Filed-Closed

Other CAL_2009

Filing Type: Rate Co Status: Reviewer(s): Stephanie Fowler

Author: Velvet Giron Disposition Date: 04/22/2009

Date Submitted: 04/17/2009 Disposition Status: Accepted For

Informational Purposes

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Medicare Supplement Refund Calculation - Year 2008 Status of Filing in Domicile: Pending

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Submission Type: New Submission Group Market Size:

Overall Rate Impact: Group Market Type:

Filing Status Changed: 04/22/2009 Explanation for Other Group Market Type:

State Status Changed: 04/22/2009

Deemer Date: Corresponding Filing Tracking Number:

Filing Description:

Reference: NAIC #61883 Central United Life Insurance Company

2008 MEDICARE SUPPLEMENT REFUND CALCULATION FORM

Central United Life Insurance Company has coinsuranced these Medicare Supplement blocks of business on April 1,

Company Tracking Number: AR_MED SUPP REF CAL_2009

TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other

Product Name: Medicare Supplement Refund Calculation - Year 2008

Project Name/Number: Medicare Supplement Refund Calculation - Year 2008 /

2005 from Life Insurance Company of Georgia (Jackson National). We are hereby submitting the MEDICARE SUPPLEMENT REFUND CALCULATION FORM for the year 2008 for both Pre-Standardized and Standardized Medicare Supplement coverage.

Based on the policy experience and comparison with industry benchmark, there are no refunds needed this time. Please see detail calculation attached with this letter, completed by Mr. J. Steve Keck, FSA, MAAA, our consulting actuary with Wakely Actuarial Services, Inc.

Company and Contact

Filing Contact Information

Velvet Giron, Statistician Technician I vgiron@manhattanlife.com
Wortham Tower (713) 529-0045 [Phone]
Houston, TX 99019-2100 (713) 529-9425[FAX]

Filing Company Information

Central United Life Insurance Company CoCode: 61883 State of Domicile: Arkansas

Wortham Tower Group Code: Company Type:

2727 Allen Parkway

Houston, TX 77019-2100 Group Name: State ID Number:

(713) 529-0045 ext. [Phone] FEIN Number: 42-0884060

Filing Fees

Fee Required? No Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Central United Life Insurance Company \$0.00 04/17/2009

Company Tracking Number: AR_MED SUPP REF CAL_2009

TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other

Product Name: Medicare Supplement Refund Calculation - Year 2008

Project Name/Number: Medicare Supplement Refund Calculation - Year 2008 /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted I	For Stephanie Fowler	04/22/2009	04/22/2009
Information	nal		
Purposes			

Company Tracking Number: AR_MED SUPP REF CAL_2009

TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other

Product Name: Medicare Supplement Refund Calculation - Year 2008

Project Name/Number: Medicare Supplement Refund Calculation - Year 2008 /

Disposition

Disposition Date: 04/22/2009

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

Company Tracking Number: AR_MED SUPP REF CAL_2009

TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other

Product Name: Medicare Supplement Refund Calculation - Year 2008

Project Name/Number: Medicare Supplement Refund Calculation - Year 2008 /

Item Type Item Name Item Status Public Access

Supporting Document Health - Actuarial Justification Accepted for Yes

Informational Purposes

Company Tracking Number: AR_MED SUPP REF CAL_2009

TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other

Product Name: Medicare Supplement Refund Calculation - Year 2008

Project Name/Number: Medicare Supplement Refund Calculation - Year 2008 /

Rate Information

Rate data does NOT apply to filing.

Company Tracking Number: AR_MED SUPP REF CAL_2009

TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other

Product Name: Medicare Supplement Refund Calculation - Year 2008

Project Name/Number: Medicare Supplement Refund Calculation - Year 2008 /

Health - Actuarial Justification

Supporting Document Schedules

Review Status:

Accepted for Informational 04/22/2009

Purposes

Comments:

Attachments:

Satisfied -Name:

2008_Medicare Supp_AR.pdf
Plan C LOG Refund Calc 2008 - AR.pdf
Plan P LOG Refund Calc 2008 - AR.pdf

CENTRAL UNITED LIFE

April 13, 2009

Ms. Rosalind D. Minor Director, Life & Health Division Arkansas Insurance Department 1200 West 3rd. Street Little Rock, Arkansas 72201-1904

Reference: NAIC #61883 Central United Life Insurance Company

2008 MEDICARE SUPPLEMENT REFUND CALCULATION FORM

Dear Ms. Minor:

Central United Life Insurance Company has coinsuranced these Medicare Supplement blocks of business on April 1, 2005 from Life Insurance Company of Georgia (Jackson National). We are hereby submitting the MEDICARE SUPPLEMENT REFUND CALCULATION FORM for the year 2008 for both Pre-Standardized and Standardized Medicare Supplement coverage.

Based on the policy experience and comparison with industry benchmark, there are no refunds needed this time. Please see detail calculation attached with this letter, completed by Mr. J. Steve Keck, FSA, MAAA, our consulting actuary with Wakely Actuarial Services, Inc.

If you have any questions or comments, please contact me at (713) 821-6532, or email me at tmancill@manhattanlife.com

Very sincerely,

Tracey Mancill **Statistics Department**

Enclosures cc: State file

> Phone: 713-821-6450 Toll Free: 800-669-9030

Fax: 713-529-9425



MEDICARE SUPPLEMENT REFUND CALCULATION FORM

FOR CALENDAR YEAR 2008

Туре	Individual	SMSBP (w)			С			
Delivered or Issued for Delivery in			Arkansas					
Company Name		Life Inst	urance Co	mpany of G	Georgia			
NAIC Group Co	ode 229	NAIC Compa	any Code		65471			
Address	2727 Allen Pa	arkway, Su	uite 500, H	ouston, TX	77019-2100			
Person Completi	ing This Exhibit		J. Steven	Keck, FSA	, MAAA	_		
Title	Consulting Actuary	У	Telephone 1	Number	(727) 373-4558			
								
					(a)	(b)		
					Earned	Incurred		
<u>Line</u>					Premium (x)	Claims (y)		
1 Current Vac	or's Evnerience							
1. Current Yea	_				0	0		
	l policy Years)				0	0		
-	year's issues (z)	11.)			0	0		
c. Net (for i	reporting purposes = line 1a - li	ne 10)						
2. Past Years'	Experience							
(All Policy	•				510,307	410,859		
(rin rone)	10015)				0.0,00.	110,000		
3. Total Exper	rience (Net Current Year plus Pa	ast Years' Exp	perience)		510,307	410,859		
•			,			· · · · · ·		
4. Refunds Las	st Year (Excluding Interest)			0				
5. Previous Re	efunds Since Inception (Excludi	ng Interest)		0				
6. Refunds Sin	nce Inception (Excluding Interes	st)		0				
7. D	Detie Giere Levertien							
	Ratio Since Inception		64.7	0/				
(SEE WOR	KSHEET FOR RATIO 1)		04.7	70				
8. Experienced	d Ratio Since Inception							
-								
	Total Actual Incurred Claims	s (line 3, col. l	o)	D 41 0	410,859	00.50/		
Total Earr	ned Prem. (line 3, col. a) - Refu			= Ratio 2	510,307	80.5%		
	, , ,				•			
9. Life Years I	Exposed Since Inception	320)					
								
	rience Ratio is less than the Ben			e more				
than 500 life yea	ars exposure, then proceed to ca	lculation of re	etund.					
10. Tolerance P	Permitted (obtained from credibi	lity table)	Not Cred	<u>lib</u> le				
11. Adjustment	to Incurred Claims for Credibil	ity						
	Ratio 3 = Ratio 2 + Toler	rance =						
If Ratio 3 is not required	more than Benchmark Ratio (F. l.	Ratio 1), a refu	ınd or credit t	o premium is				

If Ratio 3 is less than the Benchmark Ratio, then proceed.

12. Adjusted Incurred Claims =

[Total Earned Premiums (line 3, col a) - Refunds Since Inception (line 6)] x Ratio 3 (line 11)

13. Refund = No Refund

Total Earned Premiums (line 3, col a) -Refunds Since Inception (line 6) -<u>Adjusted Incurred Claims (line 12)</u> Benchmark Ratio (Ratio 1)

If the amount on line 13 is less than .005 times the annualized premium in force as of December 31 of the reporting year, then no refund is made. Otherwise, the amount on line 13 is to be refunded or credited, and a description of the refund and/or credit against premiums to be used must be attached to this form.

MEDICARE SUPPLEMENT CREDIBILITY TABLE

Life Years Exposed	
Since Inception	Tolerance
10,000 +	0.0%
5,000 - 9,999	5.0%
2,500 - 4,999	7.5%
1,000 - 2,499	10.0%
500 - 999	15.0%

If less than 500, no credibility.

- (w) "SMSBP" = Standard Medicare Supplement Benefit Plan.
- (x) Includes modal loadings and fees charged.
- (y) Excludes Active Life Reserves.
- (z) This is to be used as "Issue Year Earned Premium" for Year 1 of next year's "Worksheet for Calculation of Benchmark Ratios."

I certify that the above information and calculations are true and accurate to the best of my knowledge and belief.

J. Steven Keck, FSA, MAAA

Name

Consulting Actuary

Title

4/8/2009

Date

REPORTING FORM FOR THE CALCULATION OF BENCHMARK RATIO SINCE INCEPTION FOR INDIVIDUAL POLICIES FOR CALENDAR YEAR 2008

Type		Indiv	<i>r</i> idual	S	MSBP (p)			С		
Delivered or	r Issued for De	livery in		_	_	Arkar	nsas			
Company N	ame		Life Insurance Company of Georgia							
NAIC Grou	p Code		229							
Address			2727 A	llen Parkwa	ay, Suite 500	, Housto	n, TX 77019	9-2100		
Person Com	pleting This E	xhibit			J. Ste	ven Keck	, FSA, MAA	ΛA		
Title		Consulting Actuary			Telephone Number			(727) 373-4558		
							·			
(a)	(b)	(c)	(d)	(e) Cumulative	(f)	(g)	(h)	(i) Cumulative	(j)	(o) Policy
	Earned			Loss				Loss		Year Loss
Year	<u>Premium</u>	<u>Factor</u>	(b) x (c)	<u>Ratio</u>	(d) x (e)	<u>Factor</u>	<u>(b) x (g)</u>	<u>Ratio</u>	(h) x (i)	<u>Ratio</u>
1		2.770		0.442		0.000		0.000		0.40
2		4.175		0.442		0.000		0.000		0.40
3		4.175		0.493		1.194		0.659		0.65
4		4.175		0.493		2.245		0.669		0.67
5		4.175		0.493		3.170		0.678		0.69
6		4.175		0.493		3.998		0.686		0.71
7		4.175		0.493		4.754		0.695		0.73
8		4.175		0.493		5.445		0.702		0.75
9		4.175		0.493		6.075		0.708		0.76
10		4.175		0.493		6.650		0.713		0.76
11		4.175		0.493		7.176		0.717		0.76
12	00.544	4.175	450 550	0.493	75.044	7.655	005 705	0.720	040.000	0.77
13	36,541	4.175	152,558		75,211	8.093	295,725	0.723	213,809	
14	7,849	4.175	32,770		16,155	8.493	66,662	0.725	48,330	
15+	23,783	4.175	99,293	0.493	48,951	8.684	206,529	0.725	149,734	0.77
TOTAL		(k):	284,620	(1):	140,318	(m):	568,916	(n):	411,872	

Benchmark Ratio Since Inception (l+n)/(k+m):

64.7%

(a): Year 1 is the current calendar year - 1 Year 2 is the current calendar year - 2 (etc.) (Example: If the current year is 1991, then: Year 1 is 1990; Year 2 is 1989, etc.)

- (b): For the calendar year on the appropriate line in column (a), the premium earned during that year for policies issued in that year.
- (o): These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios, on a policy year basis, which result in the cumulative loss ratios displayed on this worksheet. They are shown here for Informational purposes only.
- (p): "SMSBP" = Standard Medicare Supplement Benefit Plan.

MEDICARE SUPPLEMENT REFUND CALCULATION FORM

FOR CALENDAR YEAR 2008

Гуре	Individual SMSBP (Ρ					
Delivered or Issued f	· · · · · · · · · · · · · · · · · · ·		Arkansas					
Company Name	Life	of Georgia						
NAIC Group Code	NAIC Co							
Address	2727 Allen Parkway	TX 77019-2100						
Person Completing T	his Exhibit	SA, MAAA						
Title	Consulting Actuary	Telephone Number	(727) 37	3-4558				
			(a)	(b)				
r •			Earned	Incurred				
<u>Line</u>			Premium (x)	Claims (y)				
1. Current Year's E	experience							
a. Total (all poli	_		35,322	8,481				
b. Current year's			0	0				
	rting purposes = line 1a - line 1b)		35,322	8,481				
2. Past Years' Expe								
(All Policy Year	s)		1,304,245	970,847				
2 Total Experience	e (Net Current Year plus Past Years'	Evnorionaa)	1,339,567	979,327				
5. Total Experience	e (Net Current Tear plus Fast Tears	experience)	1,339,307	313,321				
4. Refunds Last Ye	ear (Excluding Interest)	0						
	6							
5. Previous Refund	s Since Inception (Excluding Interes	t) 0						
6. Refunds Since In	nception (Excluding Interest)	0						
7. Benchmark Ratio	o Since Incention							
	EET FOR RATIO 1)	64.0%						
(SEE WORKSII	ELITOR RATIO 1)	04.070						
8. Experienced Rat	io Since Inception							
	otal Actual Incurred Claims (line 3, co	= Kauo 2	979,327	73.1%				
Total Earned P	Prem. (line 3, col. a) - Refunds Since	Inception (line 6)	1,339,567					
	10.	774						
9. Life Years Expo	sed Since Inception	<u>771 </u>						
If the Experience	e Ratio is less than the Benchmark Ra	atio, and there are more						
	aposure, then proceed to calculation of							
10. Tolerance Permi	tted (obtained from credibility table)	15.0%						
11 A.P	and a Chairman Con Chairline							
11. Adjustment to Ir	ncurred Claims for Credibility							
	Ratio 3 = Ratio 2 + Tolerance =	88.1%						
	1550 5 - 1560 2 + 10leitalice -							
	e than Benchmark Ratio (Ratio 1), a	refund or credit to premium is	S					
not required.								

If Ratio 3 is less than the Benchmark Ratio, then proceed.

12. Adjusted Incurred Claims =

[Total Earned Premiums (line 3, col a) - Refunds Since Inception (line 6)] x Ratio 3 (line 11)

13. Refund = No Refund

Total Earned Premiums (line 3, col a) -Refunds Since Inception (line 6) -<u>Adjusted Incurred Claims (line 12)</u> Benchmark Ratio (Ratio 1)

If the amount on line 13 is less than .005 times the annualized premium in force as of December 31 of the reporting year, then no refund is made. Otherwise, the amount on line 13 is to be refunded or credited, and a description of the refund and/or credit against premiums to be used must be attached to this form.

MEDICARE SUPPLEMENT CREDIBILITY TABLE

Life Years Exposed	
Since Inception	Tolerance
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1,000 - 2,499	10.0%
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If less than 500, no credibility.

- (w) "SMSBP" = Standard Medicare Supplement Benefit Plan.
- (x) Includes modal loadings and fees charged.
- (y) Excludes Active Life Reserves.
- (z) This is to be used as "Issue Year Earned Premium" for Year 1 of next year's "Worksheet for Calculation of Benchmark Ratios."

I certify that the above information and calculations are true and accurate to the best of my knowledge and belief.

Signature

J. Steven Keck, FSA, MAAA

Name

Consulting Actuary

Title

4/8/2009

Date

REPORTING FORM FOR THE CALCULATION OF BENCHMARK RATIO SINCE INCEPTION FOR INDIVIDUAL POLICIES FOR CALENDAR YEAR 2008

Type		Indiv	∕idual	S	SMSBP (p)			Р		
Delivered or Issued for Delivery in					_	Arkaı	nsas			
Company Name			Life Insurance Company of Georgia							
NAIC Group Code			229							
Address	- -		2727 Al	len Parkwa	y, Suite 500	, Housto	n, TX 7701	9-2100		
Person Com	pleting This Ex	hibit			J. Ste	ven Keck	k, FSA, MA	AA		
Title		Consulting Actuary			Telephone Number			(727) 373-4558		
				-					•	
(a)	(b)	(c)	(d)	(e) Cumulative	(f)	(g)	(h)	(i) Cumulative	(j)	(o) Policy
	Earned			Loss				Loss		Year Loss
<u>Year</u>	<u>Premium</u>	Factor	(b) x (c)	Ratio	(d) x (e)	<u>Factor</u>	(b) x (g)	Ratio	(h) x (i)	<u>Ratio</u>
1		2.770		0.442		0.000		0.000		0.40
2		4.175		0.493		0.000		0.000		0.55
3		4.175		0.493		1.194		0.659		0.65
4		4.175		0.493		2.245		0.669		0.67
5		4.175		0.493		3.170		0.678		0.69
6		4.175		0.493		3.998		0.686		0.71
7		4.175		0.493		4.754		0.695		0.73
8		4.175		0.493		5.445		0.702		0.75
9		4.175		0.493		6.075		0.708		0.76
10		4.175		0.493		6.650		0.713		0.76
11		4.175		0.493		7.176		0.717		0.76
12	247,763	4.175	1,034,410		509,964	7.655	1,896,625		1,365,570	0.77
13		4.175		0.493		8.093		0.723		0.77
14		4.175		0.493		8.493		0.725		0.77
15+		4.175		0.493		8.684		0.725		0.77
TOTAL		(k):	1,034,410	(1):	509,964	(m):	1,896,625	(n):	1,365,570	

Benchmark Ratio Since Inception (l+n)/(k+m):

64.0%

(a): Year 1 is the current calendar year - 1
Year 2 is the current calendar year - 2 (etc.)
(Example: If the current year is 1991, then:
Year 1 is 1990; Year 2 is 1989, etc.)

- (b): For the calendar year on the appropriate line in column (a), the premium earned during that year for policies issued in that year.
- (o): These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios, on a policy year basis, which result in the cumulative loss ratios displayed on this worksheet. They are shown here for Informational purposes only.
- (p): "SMSBP" = Standard Medicare Supplement Benefit Plan.